

<b>MFOMS-17</b> <b>STATE AUTO COMMUTE CHARGE</b> (Revised 3/2009)			
Agency Name:			
Agency Appropriation Code:			
Driver's Social Security No.:			
Driver's Home Address (include Street, City, State, Zip):			
Driver's Assigned Office (include Street, City, State, Zip):			
Purpose Code (Circle One): 1. Initiate Commute Charge for this Authorized Driver 2. Cancel Commute Charge for this Authorized Driver 3. Change Commute Charge for this Authorized Driver, i.e. change in commute miles, change in vehicle type			
Biweekly Deduction Amount:	Round-Trip Commute Miles:	Vehicle Type (Circle One):	
\$		SEDAN	LTV
<b>Please read the following statement before completing this form. I solemnly declare under penalty of perjury that to the best of my knowledge, information and belief, the contents of this form are true. I agree to make proper notification to the Department of Budget &amp; Management in the event of any change, which affects the accuracy of this form.</b>			
Employee Name (Print)		SIGNATURE	
			
Supervisor Name (Print)		SIGNATURE	
			
Fleet Manager Name (Print)		SIGNATURE	
			
Date Signed	Contact Telephone No.		

An original of this form is to be forwarded to the State Fleet Administration Unit for processing. Make a copy for your records. For further information please see Section 5.2.